

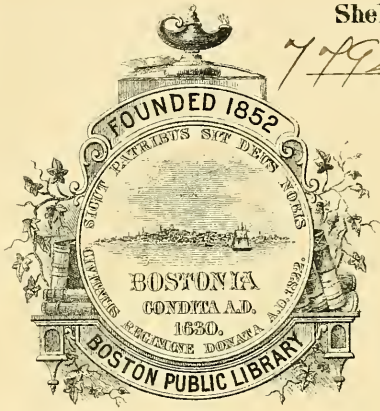


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CHOLERA.

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BY

CARROLL DUNHAM, M. D.

NEW YORK :

JOHN T. S. SMITH & SONS,

105 FOURTH AVENUE.

1866.

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B. H.
Jan. 14. '93
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PREFACE.

OF the following pamphlet, Sections I. to IV. were written for and published in a non-medical journal, *The Independent*, in November and December, 1865. The writer's convictions, both from testimony and from personal observation and experience, being altogether in favor of the Homœopathic treatment of Cholera, they were freely expressed in Section IV., by a citation of statistics.

To avert any possible charge of presenting an *ex parte* case, the testimony to the superiority of Homœopathic treatment in Cholera was chiefly taken from the writings of impartial Government officers, or of hostile Allopathic physicians; as, for example, Mr. Wilde, of Dublin, the distinguished aural surgeon, and Dr. McLaughlin, of London, Inspector of Cholera Hospitals for the Golden Square District, in 1854-55.

To these sections a fifth is now added, on the Prevention and Treatment of Cholera.

C. D.

NEW YORK, *April* 20, 1866.

CHOLERA.

I.

THERE can be no doubt that Asiatic Cholera, which has prevailed during the past summer in various parts of Europe, has been brought to our shores. Reasoning from analogy, we have good grounds for believing that it will be epidemic in the Atlantic States next summer. It is, therefore, the part of prudence in us to refresh our knowledge of the history and character of this terrible disease, and of the causes which seem to favor its propagation, in order that we may be the better able to meet the great practical problems : HOW TO WARD IT OFF, AND HOW TO DEAL WITH IT.

1. HISTORY.—Like all invasions and all epidemics, cholera comes from the East, marching westward. It is known to have existed in the delta of the Ganges since 1629. But in 1817 it appeared in Hindostan, as a widespread and terribly fatal epidemic. From Calcutta and Jessore its progress was westward, although it spread also into China and the Indian Archipelago. In July, 1821, it had reached Muscat in Arabia, and in 1823 it touched the Georgian frontier of Russia. Thence it spread northward through Russia, Poland, and Austria, extending in July, 1831, to St. Petersburg and Cronstadt, and in October to Berlin, Vienna, and Hamburg. In October, 1831, it appeared in Sunderland, England, having been brought from Hamburg. It extended to London in February, 1832, appearing first in the immediate neighborhood of the shipping. From England it crossed to France, breaking out, March 23d, in Paris, where in one month it carried off 20,000 persons.

It was conveyed in an emigrant vessel from London to Quebec, where it appeared June 8, 1832. A few weeks later it became epidemic in the city of New York, where it prevailed with great fatality until late in the autumn. It reappeared in 1834.

In 1847 and 1848 cholera again invaded Europe from the East. December 8, 1848, the packet-ship New York arrived at quarantine at Staten Island, N. Y., having on board a number of passengers sick with cholera. Several had died on the voyage. From this infection cholera prevailed at quarantine for several

weeks, and two or three cases, which were traced to this vessel, occurred in this city.

Again, February 13, 1849, cholera broke out on board the packet-ship Liverpool, on her way to this port. There were fifty cases, of which forty died. During the succeeding months of spring and early summer, several vessels successively brought the disease to the quarantine ; but it did not become epidemic in the city of New York until June, 1849. It prevailed until October. In the summer of 1854 it was again epidemic in New York.

In June, 1865, we heard of cholera as prevailing at Mecca, and on the route from Mecca to Alexandria. It was very fatal at Alexandria, Cairo, and Constantinople. It extended to Jerusalem and along the shores of the Mediterranean and Adriatic. At Marseilles, we have reason to believe, it was and is still quite fatal, although no official reports have been allowed to be published. At the present time, November, 1865, it prevails extensively in Paris. The cases which recently arrived at our quarantine were from Paris, by way of Havre. A few cases have appeared at Southampton, England. We may hope that the influence of winter will prevent the malady spreading at present, but we should look for its reappearance as an epidemic next summer.

The characteristic features of an attack of Asiatic cholera are, in brief, as follows : In the chest and at the pit of the stomach, a distressing anxiety and sense of oppression. General, and often extreme prostration. Nausea, faintness, loud rumblings in the bowels. Sudden and forcible vomiting of a milky or watery fluid, in large quantities. Evacuations from the bowels, consisting of a similar watery substance, containing white floating grains. These vomitings and evacuations are attended and followed by spasms, tremors, and very *rapid loss of the heat of the body*. The skin becomes cold, clammy, and shriveled. The fingers look like those of a *washerwoman* ; the skin has lost its elasticity, and if pinched into a ridge it retains that form for a long time. There is often great thirst ; but, in many cases, the liquid is no sooner swallowed than it is forcibly ejected from the stomach. The extremities are frequently the seat of very painful cramps.

Severe cases pass on, in the course of eight to sixteen hours, to the stage of COLLAPSE. Indeed, the most severe cases may almost be said to *commence* with collapse. In this condition the features are pinched and sunken ; the skin is of a bluish color, icy-cold,

and clammy ; the tongue is cold, and the hands are corrugated. The voice is husky and faint and the breath is cold. The pulse is frequent, very small, and often imperceptible. The evacuations from the stomach and bowels become less and less frequent as this stage becomes more fully developed ; and, in most cases, they entirely cease several hours before death. The secretion of urine is suspended. The thirst is intense. The *external* surface of the body is very *cold*, but the patients complain of an *internal* burning heat.

During the whole course of the disease the mind is clear and composed. It is very remarkable that, although fully aware of their condition and danger, the majority of cholera patients manifest a singular apathy and indifference with regard to the result. The stage of collapse may last from two to twelve hours. In a majority of cases it ends in death. In the more fortunate minority *reaction* sets in, marked by returning warmth and re-establishment of secretions.

It is to be noted that the more rapidly fatal the case, the earlier the collapse occurs, and the less abundant are the evacuations. In the most terribly rapid cases, which destroy life in a few hours, there are almost no evacuations. It is evident, therefore, that death, in cholera, does not come from the drain on the system resulting from the evacuations, and consequently mere astringent remedies will not cure cholera.

During an epidemic of cholera, diarrhœa is very prevalent. It almost always precedes an attack, and doubtless predisposes to it. Instant attention should therefore be paid to such premonitions. In like manner, slight cramps are often felt. They should be regarded as premonitions, and medical advice should be sought at once.

The mortality of cholera has been very uniform. In 1830-32, on the continent of Europe and in Great Britain, the deaths in private practice were about $39\frac{1}{2}$ per cent. of the cases ; in hospital practice they were about $57\frac{1}{4}$ per cent.

In Great Britain there occurred, in 1831-33, 137,080 cases of cholera, of which 52,547 died, or about $38\frac{1}{4}$ per cent. In subsequent epidemics the figures have been about the same. From the official returns in the daily newspapers of New York, in 1849, it appears, that in this city there occurred, in a period of fifty-two days, 2,631 cases, of which 915 died, or 34.78 per cent. The resident physician reported, as treated in the hospitals, 1,021 cases ; of which 880, or 53.71 per cent., died.

These facts are startling; but they are nevertheless *facts*. Instead of striving to avoid and ignore them, we should calmly accept them as incentives to our next topic: The study of the causes which favor the occurrence and increase the malignity of epidemic cholera.

II.

In coming to consider the causes which favor the occurrence and spread of cholera, and increase its malignity, we are met by the questions: Is cholera contagious; that is, does it spread by *touch*, or *contact*? Or, on the other hand, does it exist in a community by virtue of some poison diffused through the atmosphere, and to which all persons in the community are alike exposed, and under the influence of which all who are predisposed to the disease sicken, whether they had been previously in the presence of cholera patients or not?

The ablest minds in the medical profession have sought to solve these questions and have come to different conclusions.

In favor of the contagiousness of cholera, its general line of march has been urged as an argument. It followed established routes of travel: along the track of Eastern caravans; from Asia to Moscow; thence to St. Petersburg; thence to Berlin and Hamburg; from Hamburg on board a vessel bound to England, and from this vessel to Sunderland, the port at which she arrived; from Sunderland throughout England.

Again: Professor Simpson, of Edinburgh, traced cholera from London, by a vessel, to Leith, where the sick of this vessel were placed in quarantine on a hospital-ship. The nurses of this hospital-ship were attacked with the disease, no other cases of it having as yet occurred in Scotland. On shore, it first assailed persons who had been in communication with the sick in hospital. In this manner the first six cases that occurred in Scotland were traced to the ship which had arrived from London, where cholera was prevailing, and on which, during her voyage, passengers sickened of cholera.

In the same way Professor Alison traced the first four cases in Edinburgh. And these two very eminent physicians had no doubt of the contagiousness of cholera in the epidemic in question.

So, too, Mr. Moir, of Musselburg, showed that the first twenty-three cases of cholera in Prestonpans could be traced, by an unbroken chain of contact with the persons or the clothing of

cholera patients, back to a first case, which came, already ill, from a district in which cholera then existed.

During the first epidemic in the United States, a vessel took some cases to Charleston, S. C. They were strictly quarantined under military guard. Many of the soldiers took the disease and died. So did some of the physicians and nurses who were sent from the city to take care of the sick. But not a case occurred in the city nor in any person who had not been in contact with the sick.

Such facts as these can hardly be explained on any theory of chances.

On the other side of the question, epidemics of cholera are authentically described, in which the spread of the disease could not be sufficiently accounted for by its mere contagiousness. An English commission, sent to investigate this very question, reported that in Asia, Turkey, and Russia the history of cholera precludes the idea of its having spread solely by contagion or of its being an eminently contagious disease. Instances are adduced of its invading a large district or city, at several distant points simultaneously, and of its attacking so many persons within a short space of time, that the doctrine of contagion alone would be inadequate to explain the facts.

The strictest quarantine has not kept out the disease ; as, for example, at Moscow, where, to no purpose, a large garrison preserved around the city a prohibitive *cordon*, kept with a strictness known only in the Russian army.

At Charleston, although quarantine kept the cholera out in 1832, it was of no avail in 1833. Though it seemed to preserve New York in December, 1848, yet cholera passed its barriers in June, 1849.

Finally, it has been observed that, in some places and at some seasons, although cholera has been introduced and persons have been exposed to its infection, yet it does not extend—certainly not for a long time. This was the case in London in 1831, and in New York in December, 1848. On other occasions, it spreads like wild-fire, as at Paris in 1832, where, in one month, it carried off 20,000 persons.

But this last argument is not conclusive against the contagiousness of cholera ; for the same apparent reluctance to extend itself was observed in the case of the Plague (universally regarded as contagious) in Cyprus, 1759. It has been observed of small-pox and of typhus, on some occasions.

From all the evidence on this subject, we may conclude that, while, in certain epidemics, cholera has undoubtedly been introduced and propagated by contagion, yet the degree of contagiousness of the disease has greatly varied in different places, at different times and under different circumstances. We think that "contagiousness is not an *essential attribute*" of this (if of any) disease; "it is an accident, depending upon many modifying causes" (Russell); and that, in most cases of disease (cholera as well as other diseases), the question is not so much one of *kind* (contagious or not contagious) as rather one of *degree* (*highly* contagious or *slightly* so).

It appears that, at all times, there have been requisite, for the prevalence of cholera in a community, a peculiar state of the atmosphere and peculiar local conditions. And, almost always, those who are attacked by cholera are found to have been previously subjected to the influence of certain *predisposing causes*.

Admitting, therefore, the importance of contagion as a means of conveying the SEED of cholera, we perceive that there must be in the *individual* in whom the seed is planted a CONGENIAL SOIL; and there must be, likewise, in the general conditions of atmosphere and mode of life to which that individual is subjected a FAVORABLE CLIMATE. If these be lacking, the seed will not germinate and bear fruit after his kind.

Let us inquire what conditions constitute this favorable climate and congenial soil; what are some of the predisposing causes of cholera.

1. CLIMATE AND TOPOGRAPHY.—Hot climates and the warm season of the year predispose to cholera. The epidemic of 1817 began in a hot summer in Hindostan. In all climates the disease has been temporarily checked, if not extinguished, by cold weather. The apparent exception in Russia is explained by the habits of the Russian people—the great heat and the extreme filth of their winter habitations. The epidemic of the past autumn in France seems to have been checked by the coming on of cool weather.

Cholera has prevailed most severely, though not exclusively, along the seacoast, and in the course of large rivers; more particularly where the land is low, flat, and swampy, or imperfectly drained. The low "made land" of commercial cities is its favorite feeding-ground. In this, cholera resembles typhus and diphtheria.

2. HYGIENIC CONDITIONS.—No fact is better established, and

none is more important to be widely known, than this : That wherever FILTH abounds, there cholera makes itself at home. The exhalations from an undrained soil, saturated with the washings of uncleaned streets ; an atmosphere tainted by the effluvia from accumulated decaying garbage and from animal and human excretions—these furnish a climate in which the seed of cholera will rapidly develop and grow with rank luxuriance. This is demonstrated by both positive and negative evidence.

In London, cholera was longest prevalent and was most deadly in the uncleansed and overcrowded tenement houses. In New York, in 1832, it began in Cherry and Roosevelt Streets, and then appeared in Reade, Duane, and Washington Streets. It raged furiously at the Five Points, in the "rotten row" in Laurens Street, and at Corlaer's Hook. In 1849, it first appeared in Baxter Street ; then in Mulberry Street. It then broke out in Stanton and in Thompson Streets. Whoever is familiar with these localities, will recognize in their names the synonyms of vegetable decay and animal filth, and will also know them as the undrained sites of ancient swamps and ponds, the water of which still stands, sending up vapors through their oozy soil. See Gen. Viele's recent pamphlet and map : "The Topography and Hydrology of New York."

On the other hand, it is stated, on good authority, that not a single case of cholera occurred in any of the new "Model Lodging Houses" of London, which are clean, dry, light, and well ventilated, and which are not allowed to be overcrowded. In 1849, in Philadelphia, which, with the partial exception of two districts, was prepared for cholera by thorough cleansing, only 747 persons died of that disease, while in New York, 5,071 died of it. Boston was still more carefully purified, and the cholera confined itself to a few narrow lanes and crooked streets of the city.

But the impure air that favors cholera is not found in filthy, narrow streets alone. It may exist in splendid houses, upon our cleanest and broadest avenues, if the sewers which drain the houses be defective, clogged, or *not ventilated*. It may exist in ANY sick-room, anywhere, if ventilation and cleanliness of person and of furniture be neglected.

3. PERSONAL HABITS.—It is universally conceded that the free use of alcoholic drinks predisposes to cholera. It should be remembered, however, that habitual drunkards are also habitually filthy, and irregular in their habits, and are often destitute.

Those who, having previously abstained from liquor, resort to its free use for the purpose of warding off cholera thereby only increase their liability to the disease. On the other hand, those who are *habituated* to the moderate use of wine run a risk, if they suddenly discontinue this habit.

Excesses and extremes of all kinds predispose to cholera. *Excessive filth* does so. So does *excessive bathing*, with a view to extreme cleanliness ; for it reduces the heat of the body, and debilitates the system. The inordinate use of either animal or vegetable food is a predisposing cause. But so, *most emphatically*, is *fasting* or *abstinence*, especially as regards *animal* food. The excessive mortality from cholera in Paris, which we have mentioned, occurred during the fastings of Lent. Nothing like it occurred at any other period. In a part of Louisiana, where nearly all the people are Papists, the mortality during a cholera epidemic was quadrupled during and after a three days' fast.

Anything, in food or regimen, that irritates the bowels predisposes to cholera. So does fatigue or violent exercise. Reduction of the temperature of the body by exposure to night air or by excessive bathing has the same effect.

But the most powerful of all predisposing causes are *moral* : fear, depressing dread—PANIC ! We should strive against this in every way. And we shall be most likely to avoid panic this summer, if we now faithfully employ every means to *WARD OFF* the disease we dread.

III.

FROM a study of the history and the predisposing causes of the cholera, we turn to the practical questions : How may we ward off the disease ? Or how, if it come among us, may we circumscribe its extent and moderate its malignity ?

Preventive measures may be collective, undertaken by the State, for the common good ; or individual, set on foot by individuals or single families, for their own benefit.

QUARANTINE.—Do its advantages compensate for the inconveniences and sufferings to individuals, and the great losses, by restrictions on commerce, which it involves ?

It is not known that quarantine regulations have ever protected any community during the entire course of any epidemic. Yet, on the other hand, there is abundant evidence that a strict quarantine has interposed, for a time at least, an effectual bar to

the advance of the disease, thus postponing its visitations, though it could not prevent them. To all who properly value human life above convenience in journeying and the uninterrupted flow of trade, this fact is a sufficient argument in favor of a strict quarantine.

Indirectly, a quarantine may operate for good or for evil. For *good*, if, while it postpones the invasion of cholera for three or six months, it nevertheless warns us to prepare for its inevitable coming. For *evil*, if, by its temporary success in staying the pestilence, it delude us into fancying that the destroyer will pass us by, and that we need take no care to set our houses and cities in order against his coming. For, it is probable that, by the aid of a rigid quarantine, we gain the advantage of ample warning and of time to adopt the necessary hygienic measures for mitigating the severity and circumscribing the extent of the disease.

The chief of these measures is the removal of decaying organic matter from our houses and neighborhood. Epidemics of cholera have been very aptly called "Providential admonitions to '*clean up*.'" They come with the graduated severity characteristic of Providential warnings. We see them far off. Their approach is gradual. At last they come to our doors; and there their advance is stayed for a time by change of season or by our quarantine. During all this time, if we have understood the warning, we may have been diligently removing from our midst the predisposing causes of the disease. In proportion to our promptness in taking warning, and to our diligent faithfulness in preparing, will be the gentleness of the final visitation. When, last June, we heard of cholera in Egypt, we should have begun to clean our city. Now that it has knocked at our doors, we have still, in all likelihood, some weeks in which to make ready.

Of course, our streets must be cleaned. And means should be taken to prevent garbage being thrown into the streets. Many families throw refuse into the streets through ignorance and carelessness. A friendly word in explanation of the bad consequences that result from it would be more effective in preventing it than a city ordinance. Every citizen may make it his duty to make such representations and expostulations to his delinquent neighbors. In so doing he will subserve his own interests.

But the greater part of the bad air of our houses comes from cess-pools and sewers. Cess-pools and privy-vaults should be emptied and cleansed during the cold winter months. Drains leading from houses to cess-pools or sewers should be carefully cleared,

and all traps in such drains or in soil-pipes should be opened and cleansed. It will be found, in many instances, that traps in waste and soil-pipes, and under kitchen-sinks, although they allow water to pass, are, nevertheless, often clogged with considerable quantities of most offensive matter.

DRAINAGE.—Many houses in New York and its suburbs stand upon “made ground,” which is not properly drained. The cellars and surrounding grounds are damp. Such localities should, if possible, be well drained. If this be impossible, the cellars and lower stories must be kept thoroughly ventilated, and the walls and cellar floors frequently white-washed, to destroy the fungi which dampness and confined air develop. It must not be forgotten that ventilation requires provision for both the *entrance* and *egress* of currents of air.

VENTILATION.—Wherever air stagnates, whether in cellars or elsewhere in houses, there dampness collects, and the lower forms of vegetation develop, and an atmosphere results which predisposes to disease. In apartments which are constantly occupied by human beings, the exhalations accumulate upon the walls and taint the atmosphere. Frequent applications of whitewash and abundant ventilation are suitable correctives. These remarks apply to all of our residences, and not merely to tenement houses and outbuildings.

DRINKING-WATER is often made impure by decaying vegetable or animal matters, and is then a fruitful source of disease. Wells dug near privies or cess-pools, or near which drains are laid, should always be examined with reference to this fact.

From some of the dangers thus far enumerated the residents of New York are exempt. But, to a greater extent than most other people, they are endangered by

UNVENTILATED SEWERS.—The sewers receive the refuse from our houses. If the sewers were properly constructed, this refuse would never stagnate in them. But even so, decomposition of organic matter must continually go on in them, evolving noxious gases. To prevent these gases from flowing back into the houses through the waste and soil pipes, stench-traps are placed in these pipes. They consist of an elbow formed in the pipe, and in which water remains, constituting a barrier to the backward flow of the gases. But this is an effective barrier only so long as the gases are subjected to no upward pressure. If the gases be subjected to such pressure, they bubble up through the water in the

trap, and pass into the house through the outlets of bath-tubs, wash-basins, and closets.

Now, it is notorious that in but few of the sewers of New York is the flow of matter unimpeded. No provision is made for the outlet of gases from the sewers. The gases accumulate, and, by this accumulation and by the heat evolved in their generation, they become subjected to pressure. They bubble up through the stench-trap, and pervade the house. Thus

OUR HOUSES VENTILATE OUR SEWERS !—Our refuse is discharged into the sewers, only that it may there be converted into poisonous gases, and be received again, in that form, into our houses. The more completely, under these circumstances, a house is provided with the “modern conveniences,” the more deadly a habitation it is ! There are houses in Fifth Avenue and in Twenty-third Street which have illustrated these facts by the sad experience of their inmates.

In many houses there are, besides the main stench-trap already described, secondary traps under each basin, closet, or sink. In these cases, the portion of pipe intervening between the main and the secondary traps, becomes a “closed chamber,” in which the poisonous gases forced up from the sewer are confined. Any increase of temperature, even the varying heat of the house, will expand these gases, and cause them to bubble up through the secondary traps, and into the house, as before.

These most serious dangers may all be obviated by *ventilating* the sewers or the waste-pipes. The latter can be done for himself by every householder. It is only necessary to connect with his waste or soil pipe, just below the uppermost trap, a small pipe, which shall be led up through the roof, and shall open into the atmosphere, allowing the gases to escape. This will prevent any pressure of gases below the traps. Personal observation and experience have convinced us of the great value of this ventilation of waste-pipes. On a large scale, ventilation of sewers in English towns has reduced the mortality from typhus to one-half its former amount.

It should be noted that, as many of the predisposing causes of cholera are the same as those of typhus and of diphtheria, so preventives of the former are also preventives of the latter hardly less deadly maladies.

It is a question of practical importance whether, in case it has been impossible to empty and clean cess-pools and vaults before

the appearance of cholera, it would be safe to do so after the disease has begun to prevail. We think not. It would be better not to disturb the accumulation of organic matter. But we may intercept the gases which arise from these collections, and may hold them, employing for this purpose a mixture of substances which chemically unite with the gases and substances which mechanically absorb them; as, for example, a mixture of equal parts of ground plaster and of pulverized charcoal (or coal ashes) with the addition of one-eighth part of copperas (sulphate of iron). This should be spread upon the surface of the contents of the cess-pool or privy-vault.

As regards the measures to be adopted by individuals to ward off cholera, they consist mainly in the avoidance of those things which have been specified as predisposing causes of the disease.

Excesses of all kinds are to be avoided—excesses of *abstinence* as well as of *use*.

The very free use of vegetable food, especially of the coarser kinds.

Indulgence in alcoholic drinks.

Exposure to night air; to cold; to undue fatigue of any kind; to mental depression.

But it would be unwise to make, *during the prevalence* of an epidemic, sudden and violent changes in habits, which, though bad, are nevertheless long-established habits. "It is not safe to trade horses when crossing a stream."

IV.

If, in spite of the measures by which we had hoped to ward it off, cholera come among us as an epidemic, we shall find it to our advantage to have well considered beforehand, and determined, how we may best DEAL WITH IT. This is a question for each individual to settle for himself, since the responsibility is his.

The obvious answer, as indicating the wisest course, would be: "I will seek medical advice." But it is all important to know what are the earliest signs that medical advice is needed.

Dr. Guérin, in his elaborate report on cholera to the French Academy, lays great stress on the "fact" that almost every case of decided cholera is preceded by, what he calls, a "curable stage;" a period during which the patient suffers from a diarrhœa, or some other derangement of the digestive organs. This may last even for a week or ten days. It is often, apparently, so slight a devia-

tion from health that, in ordinary times, one would think it hardly necessary to consult a physician or take remedies for it. But an experienced physician would at once recognize it as a choleraic diarrhœa—as, in fact, *cholera* in the preliminary, or, as Guerin calls it, the “curable stage.” The patient should place himself under medical treatment as early as possible in this stage. This stage can not be so described as to enable a non-medical person to distinguish it *with certainty* from a common diarrhœa. Nor is it possible to give such directions for its treatment as would be proper for a large part of the community, without modification to suit the constitutional peculiarities of each individual.

If “one man’s MEAT is another man’s poison,” so, much more frequently, is his MEDICINE. No faith should, therefore, be placed in remedies or nostrums that are offered as “sure cures” for everybody, in every stage of cholera, etc. Each patient requires a treatment especially adapted to his particular constitution, and to his actual condition.

Many persons are so fortunate as to have a medical adviser who commands their entire confidence ; who has attended them through dangerous illnesses, has studied and appreciated their constitutional peculiarities and tendencies, and to whose care they would, under any emergency, unhesitatingly intrust their lives. To such persons no better advice can be given than this : “Consult your physician ; be advised by him how to guard against cholera, how to meet its first advances, and then, resolving to follow his counsels implicitly, go about your business with an easy mind.” But many are not thus happily situated. They have no trusted medical adviser. Even now, in anticipation of the coming of cholera, they are anxiously looking for the soundest medical counsel, and for that system of medical treatment which offers, in its statistics, the strongest guarantees of success. For intelligent members of the community well know that there are radical differences in the views of medical men as regards the proper and the most successful treatment of cholera as well as of all other diseases.

It were a foolish affectation to ignore these differences. For the information, therefore, of those whose minds are not settled, but who are in quest of FACTS on the subject of these differences in modes of medical treatment, I will give in this section a summary of the statistics of the treatment of cholera under the two principal antagonistic systems of medicine.

As might naturally be supposed, and for obvious reasons, the

mortality of patients treated in hospitals is always much greater than that of patients treated at their own houses.

From 1831 to 1848 the MORTALITY of cholera patients treated by the ordinary, "regular," or allopathic treatment *at their own houses*, throughout Europe, was one in two and a half cases, or more than 39 per cent. In hospital practice, during the same period, and under the same method, the mortality was one in one and a half cases, or more than 57 per cent.

During the same period, the mortality of patients treated at their own houses, by HOMŒOPATHIC physicians, was one death in eleven cases, or a little more than 9 per cent.

In HOMŒOPATHIC hospitals, the mortality was one in three and one-twelfth cases, or a little more than 33 per cent.

In the city of New York in 1832, the mortality under allopathic practice was : in hospitals, 50 per cent. ; in private practice, 33 per cent.

In 1849 the mortality under allopathic practice was : in hospitals, 53.7 per cent. ; in private practice, 34.7 per cent.

During this epidemic in New York, the aggregate mortality under homœopathic treatment, under many disadvantages, was 15 per cent.

Summing up the whole number of patients hitherto reported as treated *homœopathically*, in Europe and America, both in private and in hospital practice, we find a mortality of 9 per cent., while the most favorable statement of mortality under allopathic treatment is 32 per cent.

But these reports of the results of homœopathic treatment have, although most unjustly, been called in question. It is proper to authenticate them by citing the action of Government officials, who are not interested in the disputes of physicians, and by quoting the words of distinguished medical men who are not *Homœopaths*.

Dr. Gerstel, of Vienna, and Dr. F. F. Quin, now a venerable and distinguished practitioner in London, treated cholera in Tischnowitz, Moravia, in 1831. At the close of the epidemic, a report was made to the Austrian Government by the inspector. It concludes as follows :

"The proportion of deaths, compared with other places in which the epidemic raged, was small. The homœopathic treatment, which was carried out to a great extent by Dr. Gerstel, was the cause of this favorable result. (Signed)

"DR. VICTOR MEKARSKY VON MERK,

"K. K. Inspector."

In 1836 cholera visited Vienna a second time. The practice of Homœopathy was at that time forbidden in Austria, but permission was obtained to open a Homœopathic Cholera Hospital. I state the result in the words of Mr. Wilde, of Dublin, the distinguished aural and ophthalmic surgeon, who is no friend to Homœopathy. He says ("Austria and its Institutions," p. 275):

"Upon comparing the report made [by the Government Inspector, who visited the hospital daily] of the treatment of cholera in this hospital with that of the same epidemic in the other hospitals of Vienna at a similar time, it appeared that while *two-thirds* of those treated by Dr. Fleischmann (homœopathic) *recovered*, *two-thirds* of those treated by the ordinary methods, in other hospitals, *died*. This very extraordinary result led Count Kolowrat, Minister of the Interior, to REPEAL THE LAW relative to the practice of Homœopathy."

Thus the very fact that the practice of Homœopathy has been sanctioned by law in Austria, since 1836, is an eternal monument and testimony to the superior success of the homœopathic treatment of cholera.

In Paris, in 1848-50, Dr. Tessier, in the Hospital St. Marguerite (Hotel Dieu, annexe), treated cholera patients in his wards homœopathically. The general report, made, not by Tessier, but by Allopathists, gives for *his* wards a mortality from cholera of $34\frac{1}{2}$ per cent., while in the other wards and hospitals the mortality was 57 per cent.

In 1854, in Great Britain, Government established a Medical Council to gather returns of the treatment and mortality of cholera under every method, and to report to Parliament.

When the report was submitted to the House of Commons, it was noticed that the returns of the homœopathic practitioners and of the London Homœopathic Hospital were not included in it. The House of Commons thereupon called for these rejected returns, and they were presented in a separate report, entitled "Return to an Address of Hon. House of Commons, dated May 17, 1855; for — copies of any letters; * * together with copies of any returns that have been rejected by the Medical Council."

This return gives the statistics of the London Homœopathic Hospital, attested by Dr. McLoughlin, an eminent allopathic physician, who was government inspector of cholera hospitals, by appointment of the same Medical Council which rejected the returns!

The mortality of cholera in the Homœopathic Hospital was 16.4 per cent.

Under allopathic treatment, during the same epidemic, the

Medical Council's return to Parliament gives the mortality as 59·2 per cent.

In a public letter contained in the report of the Homœopathic Hospital, and addressed to one of the physicians of this hospital, Dr. McLoughlin (Government Inspector) says, (See "Return to House of Commons"):

"You are aware that I went to your hospital prepossessed against the homœopathic system; that you had in me, in your camp, an enemy, rather than a friend. * * * That there may be no misapprehension about the cases I saw in your hospital, I will add that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment which I have no hesitation in saying would have sunk under any other.

"In conclusion, I must repeat to you what I have already told you, and what I have told every one with whom I have conversed, that although an Allopath by principle, education, and practice, yet, was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a homœopathic than an allopathic prescriber.

"I can not suppose that anything I have said above can be of value to the homœopathic system; but, such as it is, you are at full liberty to make what use you please of this letter.

"LONDON, February 22, 1855."

Let it be remembered, as a grand result of statistics hitherto, that in cholera the homœopathic treatment saves 91 in 100 cases; allopathy saves never *more* than 68 in 100 cases.

These are *facts*, and they are *reassuring facts*! The wise will heed them.

V.

THE HOMŒOPATHIC TREATMENT of cholera, as of every disease, requires, in order to the attainment of the greatest success, a strict individualization of cases, and a special modification of the treatment to meet the peculiarities of each case. This can be done only by a skillful and experienced homœopathic physician; and no general directions for treatment can be published which will give the best possible method for treating each person attacked with cholera. Those, therefore, who are within reach of a physician, should summon him at the earliest moment. The following memoranda are offered for the assistance of such as have no physician at hand.

The subject divides itself into questions of:

1. PROPHYLAXIS, or prevention of cholera.

2. TREATMENT OF CHOLERINE, OR PRELIMINARY DIARRHŒA.

3. TREATMENT OF CHOLERA PROPER.

1. PROPHYLAXIS.—The fundamental principle of the homœopathic practice of medicine is this : that a sick person is to be treated by the administration of a drug which has been found, by experience or observation, to produce upon healthy persons symptoms very similar to those which the sick person presents.

In accordance with this great principle, it is clear that if the symptoms which a drug produces upon healthy persons are known, it is possible to foresee and to foretell what kinds of sickness that drug will cure.

In this way, long before cholera had invaded Europe, on its first westward march, Hahnemann, having become acquainted with the action of these drugs upon the healthy, perceived and announced that CAMPHOR, VERATRUM ALBUM, and CUPRUM METALLICUM, would be the most efficacious remedies for cholera, and so it proved.

A similar application of the same law induced Hahnemann to recommend one or another of these remedies (according to circumstances), as PROPHYLACTICS, or PREVENTIVES of cholera. The great weight of testimony compels us to believe that this use of prophylactic remedies has saved very many who would otherwise have been attacked. Dr. A. Cricca, of Smyrna, in a report, dated September 28, 1865, says of those who, under his directions, used the prophylactic remedies : “out of the very considerable number of persons of all classes and conditions (600 families or about 3,000 individuals) NOT ONE (to our knowledge) has been attacked with real cholera. Their slight derangements of stomach have been easily cured by *Veratrum album*.”

The selection of the prophylactic remedy must, to some extent, be governed by the nature of the epidemic, and therefore the best preventive can not always be determined until the epidemic has appeared, and its peculiar nature has been ascertained.

Cuprum.—But, as a general rule, both in Europe and in this country, *Cuprum* has been considered the most efficient preventive. A dose of CUPRUM METALLICUM should be taken every third day, on rising in the morning. It was noticed that during the epidemic of 1849, in Paris, workers in brass and copper escaped the disease.

Sulphur.—In some epidemics, Sulphur has been the best

prophylactic. It will be suitable if the diarrhœa which prevails at the same time as the cholera and the diarrhœa which precedes many cases of cholera be of the character hereinafter described, as indicating Sulphur. It should be taken as directed for Cuprum.

2. PRELIMINARY DIARRHŒA.—It has been stated that almost every attack of cholera is preceded by a diarrhœa, which may last from six hours to six days, and which, if promptly treated, is almost always easily cured.

During the prevalence of an epidemic of cholera, *every* diarrhœa, *however slight*, should be regarded as being, *possibly*, a preliminary to an attack of cholera, and should at once receive careful attention. At the same time, it is all-important that the patient should not give himself up to fear and panic. Let him use his utmost self-control to keep his mind calm and his faculties clear, so that he may be able to observe his own condition and note its changes. Everything should be done quietly, and without precipitate haste. Prompt attention to the diarrhœa is advised, *not so much because the patient's condition is ALREADY a perilous one*, but rather that he may PREVENT it BECOMING such.

As soon as diarrhœa occurs, the patient should go to bed and be warmly covered (not so as to produce perspiration). He should keep the recumbent position as long as diarrhœa continues, using a bed-pan when the bowels move. If thirsty, he may drink cold water, but in moderate quantities. The food should be light, but nutritious, and taken frequently, in small quantities. The appropriate remedy should be taken without delay.

If the diarrhœa come on in the night, no matter how slight it be, the patient should immediately call assistance, or begin to treat it. He must on no account wait until morning, as many do, thereby losing precious time.

The following remedies are likely to be suitable :

Sulphur.—If the diarrhœa comes on in the night, *after midnight*, the stools being yellow, pappy, and attended by great urgency, though the urging is often ineffectual ; and if, at the same time, there are cramps in the soles of the feet, SULPHUR should be taken, a dose every two hours, until relief is experienced. It is a general rule that doses of medicine should not be repeated after the patient has begun to improve, nor so long as improvement continues to progress.

Phosphoric acid.—If the evacuations are light colored,

liquid, copious, and not attended by pain ; if the tongue is covered with a gluey mucus, and there are cramps in the arms with a general sense of weakness ; PHOSPHORIC ACID is the remedy—take as above.

Arsenicum.—If the evacuations are frequent, *small in quantity*, liquid, dark colored, and quite offensive ; attended by sharp pain very low in the abdomen and by burning in the rectum, and followed by great prostration of strength ; if, likewise, the patient has great thirst, *drinking but little at a time*, and is very restless in body and anxious in mind ; he should take ARSENICUM, as directed for Sulphur.

Croton tiglium.—If the evacuations are sudden and very copious, consisting of a large quantity of yellow water, which passes *with a rush* ; and if an evacuation occurs every time the patient drinks ; CROTON TIGLIUM is the remedy. Take as directed for sulphur.

Veratrum album.—If the diarrhœa is watery, copious, and very painful, and is accompanied by copious vomiting, which is repeated every time the patient drinks, and by coldness and blueness of face and hands and cold sweat on the forehead, VERATRUM ALBUM must be taken, and repeated every fifteen minutes until warmth returns and water can be retained on the stomach.

3. CHOLERA.—A case may pass gradually from choleraic diarrhœa into real cholera ; or a neglected diarrhœa may apparently cease for a time, and then cholera may suddenly supervene ; or cholera may come (it rarely does so) without warning.

In the last two cases, symptoms resembling those already described as characterizing COLLAPSE are present. The patient suddenly loses strength, and looks pinched and blue. The skin becomes very cold ; the voice husky and deep ; the skin of the fingers shrivel. There are intense distress and anguish at the pit of the stomach and burning in the bowels. The patient tosses in agony. There are cramps in the calves, and sometimes nausea and vomiting, with cold sweat ; but, generally, the evacuations, both up and down, are moderate and infrequent.

Camphor.—This is the form of the disease for which CAMPHOR has been proved to be so excellent a remedy.

In addition to the administration of Camphor, the patients' extremities should be vigorously rubbed, and bottles of hot water applied to them until the natural heat is restored. The room should be well ventilated, and cold water given freely if desired.

Carbo veg.—Sometimes the collapse is still more marked. Even at the outset, the tongue *and very breath are cold*. The voice is extinct. There is no vomiting, diarrhœa, spasm, or pain. The urine is suppressed. Give CARBO VEG. every five minutes, until warmth returns.

Veratrum album.—When the *evacuations are profuse*, both upward and downward, consisting of rice water and frothy fluids, with great anguish in the abdomen, thirst for cold water, which is taken in large quantities, *but is vomited as soon as swallowed*; with contracted features, cold sweat on the forehead, hands, and feet, moderate cramps in hands, feet, and calves; with suppression of urine, VERATRUM ALBUM should be given; a dose every five minutes until decided improvement is manifest.

In cases requiring CAMPHOR, the COLLAPSE is the most prominent feature. In those which require VERATRUM ALBUM, the EVACUATIONS and the COLDNESS are the most prominent symptoms. But in those cases which call for CUPRUM, the SPASMS or CRAMPS are most prominent.

Cuprum metallicum.—When the evacuations are not very copious, but the spasms in the chest and stomach are very painful, with great tenderness to touch, the spasms coming on in paroxysms, both in the stomach and in the extremities; the thirst is moderate; the vomiting is allayed, for a time, by drinking water; the face is blue and cold; the respiration short and labored; the voice husky; and the urine suppressed, give CUPRUM METALLICUM as directed for Veratrum.

ADMINISTRATION OF REMEDIES.—Where medicines in liquid form are used, a drop of the liquid, on sugar or in water, may be used as a dose; where used in the form of powder, as much as would lie on a three cent piece; where globules, three or four.

Inconvenient results have been observed from the use of too large and too frequent doses of Camphor; and the public should be cautioned against using Camphor without a clear indication of its necessity. Where too much has been taken, it produces terrible anguish and burning at the pit of the stomach, so great as to drive the sufferer almost to despair. A few globules of PHOSPHORUS will promptly antidote the Camphor and relieve the patient.



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